ICMJE DISCLOSURE FORM

Date: 4/11/2022

Your Name: Enrique Ruiz Mori

Manuscript Title: Hipertensión Pulmonar por Dasatinib en un paciente de los Andes peruanos a 3660m (Gran Altitud)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 4/11/2022

Your Name: Edgar Quispe Silvestre

Manuscript Title: Hipertensión Pulmonar por Dasatinib en un paciente de los Andes peruanos a 3660m (Gran Altitud)

Manuscript Number (if known): [Click or tap here to enter text.]

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Your Name: Leonor Ayala Bustamante

Manuscript Title: Hipertensión Pulmonar por Dasatinib en un paciente de los Andes peruanos a 3660m (Gran Altitud)

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Your Name: Graciela Avila Carrión

Manuscript Title: Hipertensión Pulmonar por Dasatinib en un paciente de los Andes peruanos a 3660m (Gran Altitud)

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Date: 4/11/2022

Your Name: Rowel Rolando Rivas Flores

Manuscript Title: Hipertensión Pulmonar por Dasatinib en un paciente de los Andes peruanos a 3660m (Gran Altitud)

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**Date:**
4/11/2022

**Your Name:**
José Maya Quevedo

**Manuscript Title:**
Hipertensión Pulmonar por Dasatinib en un paciente de los Andes peruanos a 3660m (Gran Altitud)

**Manuscript Number (if known):**
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</tr>
<tr>
<td>5</td>
<td>Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events</td>
<td>☒ None</td>
</tr>
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<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Payment for expert testimony</td>
<td>☒ None</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Support for attending meetings and/or travel</td>
<td>☒ None</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Patents planned, issued or pending</td>
<td>☒ None</td>
</tr>
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</tr>
<tr>
<td>9</td>
<td>Participation on a Data Safety Monitoring Board or Advisory Board</td>
<td>☒ None</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>10</td>
<td>Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid</td>
<td>☒ None</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name all entities with whom you have this relationship or indicate none (add rows as needed)</td>
<td>Specifications/Comments (e.g., if payments were made to you or to your institution)</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11</td>
<td>Stock or stock options □ None □ None</td>
<td>□ None □ None</td>
</tr>
<tr>
<td>12</td>
<td>Receipt of equipment, materials, drugs, medical writing, gifts or other services □ None</td>
<td>□ None □ None</td>
</tr>
<tr>
<td>13</td>
<td>Other financial or non-financial interests □ None</td>
<td>□ None □ None</td>
</tr>
</tbody>
</table>

Please place an “X” next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.